



# Colon Screening Program

Colonoscopy Patient Education

[www.screeningbc.ca/colon](http://www.screeningbc.ca/colon)



# Colon Screening Program of BC

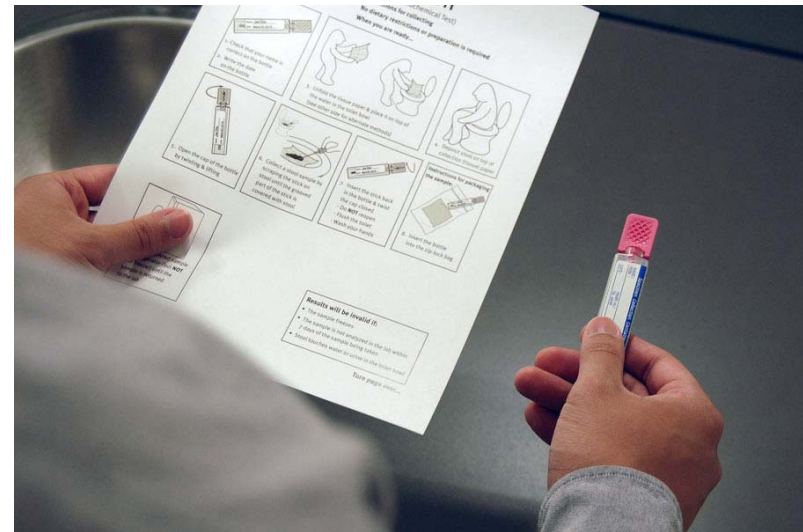
- The patient coordinator (a Registered Nurse) works together with the patient, family doctor, physician performing the colonoscopy (colonoscopist) and other health care team members
- Provide safe and timely access to high quality colon cancer screening in BC



# Three Reasons for Colonoscopy

## 1. An abnormal FIT test result

- An abnormal result does not mean you have colon cancer
- Many other reasons for blood in your stool: hemorrhoids, anal fissures, diverticular disease, inflammation or polyps



# Three Reasons for Colonoscopy

## 2. Family history of colon cancer

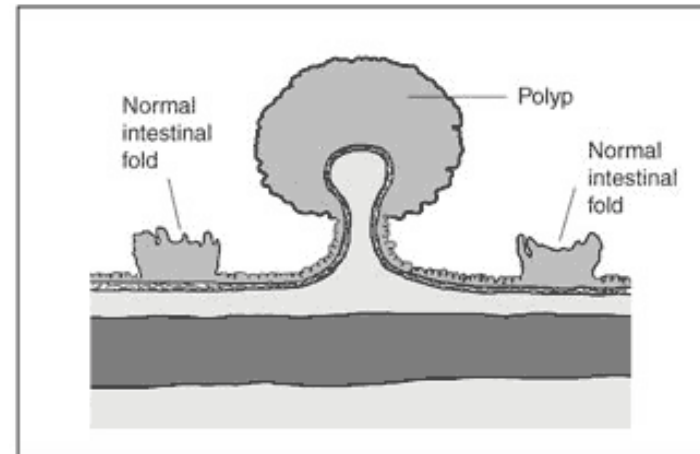
- One first degree relative (a parent, full sibling or child) with colon cancer diagnosed before age 60
- Two or more first degree relatives with colon cancer diagnosed at any age



# Three Reasons for Colonoscopy

## 3. Personal history of polyps

- Have had prior adenomas (polyps which could turn into cancer)
- Colon screening program has recalled you for a surveillance colonoscopy at either 3 or 5 years





# Why Colonoscopy?

- Colonoscopy can prevent colon cancer by finding and removing polyps before they turn in to cancer
- Polyps are small growths that can develop in the lining of the colon or rectum
- Colon cancer occurs when a polyp becomes cancerous
- Colonoscopy can also find cancer early
- Early detection means more treatment options and better outcomes

# Colonoscopy: Some Considerations

- Colonoscopy is a two day commitment
- Purchase bowel preparation
- Arrange for someone to drive you home after your procedure

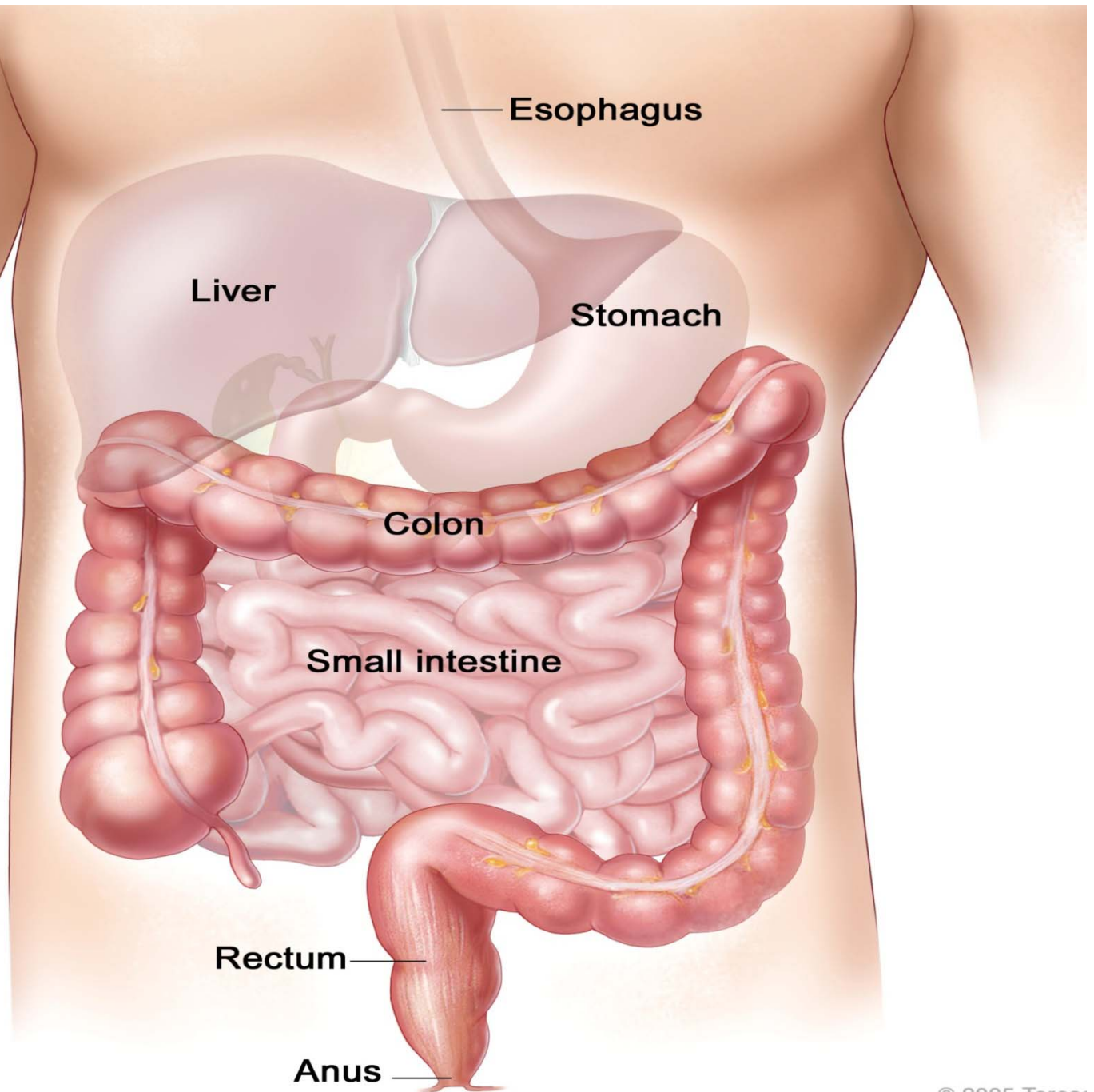
# Personal Health Assessment

- Important that patient coordinator has a list of all your current medications: notify patient coordinator of any changes made prior to colonoscopy
- Blood thinners, diabetes, heart problems, breathing problems, kidney problems
- In some cases, you may need to get special directions about your medications from your doctor, or meet with the physician performing the colonoscopy prior to your procedure



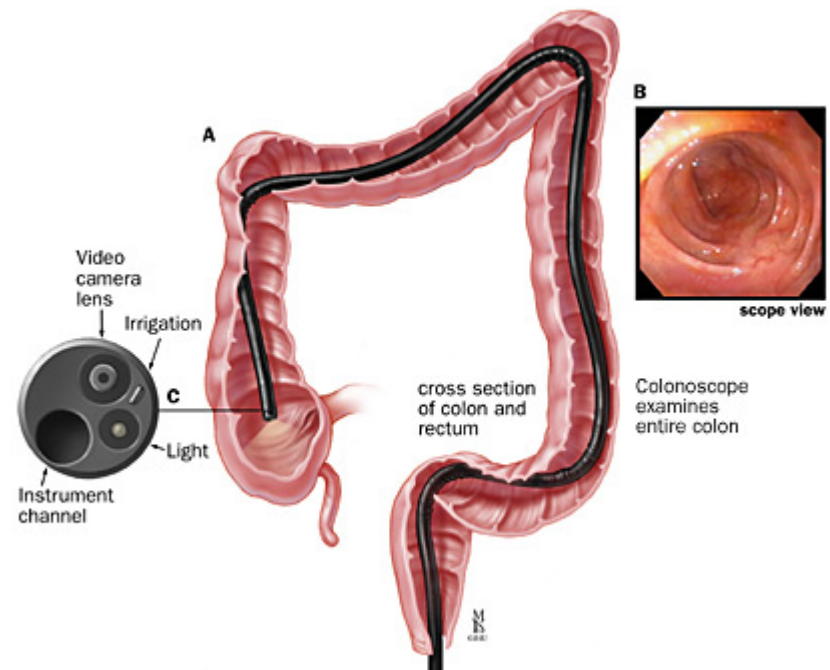
## The Colon

- Large intestine, about 5 feet long
- Absorbs water and minerals from digested food
- Contains the rectum which stores undigested waste



# Colonoscope

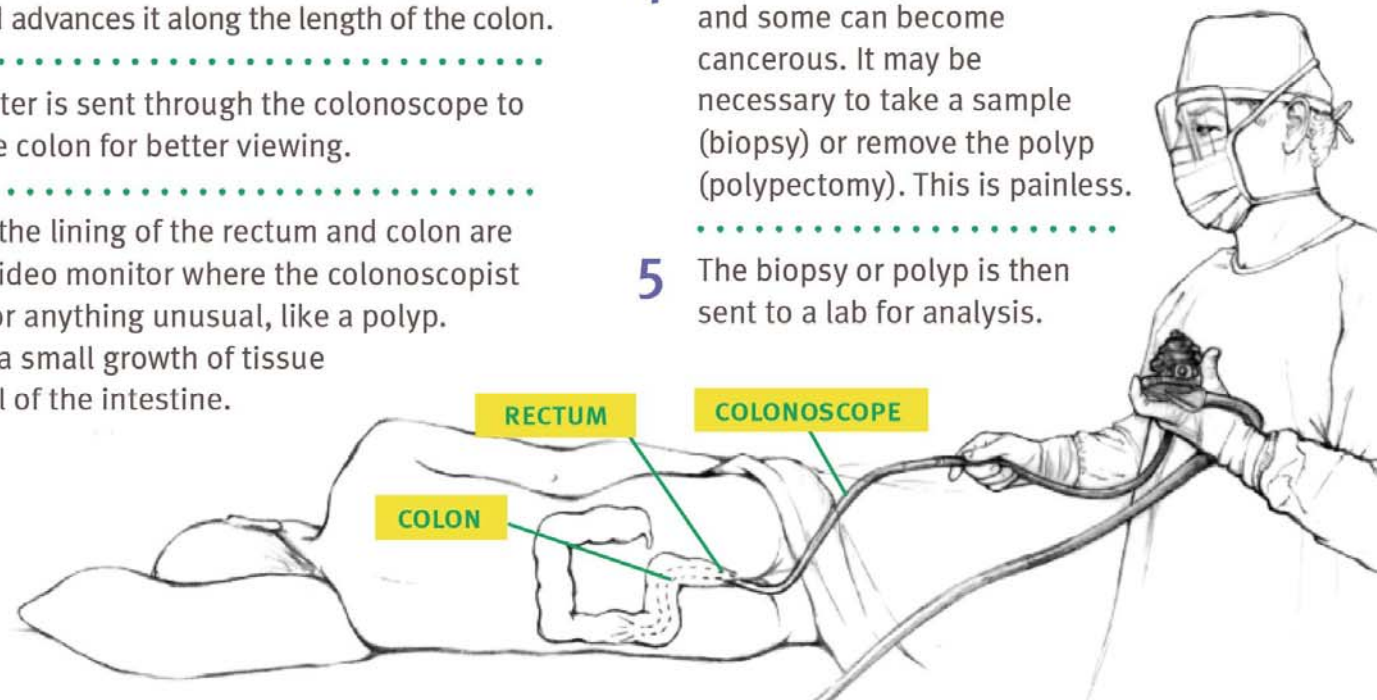
- Instrument used to look inside colon
- Long, thin flexible tube - camera, light
- Picture shown on TV monitor
- Clear, detailed view of colon



# Procedure

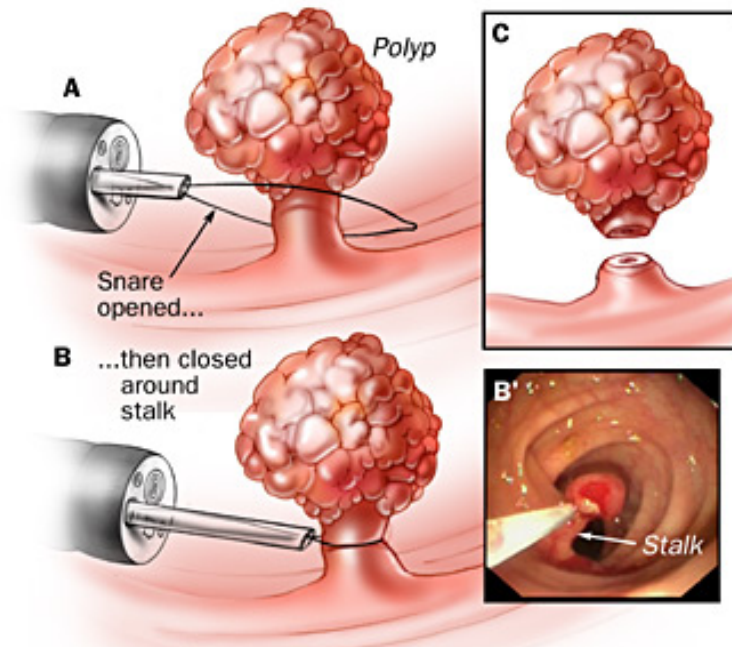
## What happens during a colonoscopy?

- 1** A colonoscopist inserts the colonoscope into the rectum and advances it along the length of the colon.  
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- 2** Air and water is sent through the colonoscope to expand the colon for better viewing.  
.....
- 3** Images of the lining of the rectum and colon are sent to a video monitor where the colonoscopist will look for anything unusual, like a polyp. A polyp is a small growth of tissue on the wall of the intestine.
- 4** Polyps can grow very slowly, and some can become cancerous. It may be necessary to take a sample (biopsy) or remove the polyp (polypectomy). This is painless.  
.....
- 5** The biopsy or polyp is then sent to a lab for analysis.



# Removing a Polyp

- Vary in size and shape
- Most polyps are not cancer, but some can become cancerous
- Colonoscopist will remove polyps if seen: polypectomy
- Polyps will go to lab for testing



# Risks

Approximately **5/1,000** people will have a serious complication:

- Bleeding from the colon
- Perforation of the colon (hole in the colon)
- Reaction to Bowel Preparation
- Reaction to medication used
- An infection
- Heart or lung problems

Risk of missing a lesion is less than **1/10**

Risk of dying from a colonoscopy is less than **1/14000**

If a complication occurs treatment may be required, including:

- Antibiotics
- Blood Transfusion
- Hospitalization
- Repeat Colonoscopy
- Surgery



# Get your questions answered

- Important that you understand the risks
- Talk to your doctor or patient coordinator if you have questions
- Risk is reduced when you follow instructions carefully





# Bowel Preparation



- Success of procedure depends on how clean your colon is
- Different types of preparations; your medical history will help us choose which one is right for you

# Important Notes on Your Bowel Preparation

- Purchase bowel prep one week before
- Five days before your colonoscopy, avoid seeds, nuts, corn, whole grain bread and granola
- Stop any iron-containing supplements 7 days before your colonoscopy
- Make sure your patient coordinator knows if you are prone to constipation

# Clear Fluid Diet

- Clear juices (no pulp): white grape juice, apple juice, white cranberry juice
- Gatorade, Vitamin water
- Popsicles, jello
- Clear broth, consommé
- Ginger ale, Sprite, 7-Up
- Tea and coffee but NO milk/creamers
- Avoid purple and red food colouring



# Bowel Preparation

- Some preps you will drink the day before your procedure, some you will do half the day before and the rest the morning of your procedure
- Your instructions are tailored to your needs and the time of your appointment
- Avoid becoming dehydrated by drinking LOTS of fluids
- It is important to drink fluids a variety of fluids and not water alone to ensure you receive necessary sugar and electrolytes (salts)
- Stay home after drinking your prep
- Consider buying baby wipes and zinc ointment or Vaseline

# Day of Procedure

- Arrive on time with BC Care Card, photo ID
- Hospital registration, clerk will give you an ID and allergy bracelet
- You will change into a hospital gown
- Leave valuables at home (large amounts of cash, jewelry, laptops)
- Don't wear scented products
- Know how you are getting home – have phone numbers handy

# IV Sedation

- A nurse will start an intravenous (IV), take your blood pressure, and ask you some questions
- You will be brought into colonoscopy suite and positioned comfortably on a stretcher
- IV is for sedatives and pain medication; you will be relaxed and drowsy for the procedure
- You will be monitored closely throughout colonoscopy procedure





# Recovery

- After procedure you will be transferred to recovery area and monitored by nurses
- After one hour, you should be alert, be able to pass gas, and have something to eat/drink
- Discharge teaching will be provided by the nurses
- You are legally impaired after colonoscopy: No driving or signing legal documents until the next day
- **You MUST have a responsible adult accompany you home**

# Results

- Before you leave the hospital, the nurse or colonoscopist will tell you what they saw and did
- Any polyps taken during the procedure will be sent to the lab for analysis
- Two weeks after your procedure, the patient coordinator will phone you and go over recommendations for future screening (3 yrs, 5 yrs, other)
- Your doctor will receive all of your reports
- If you are within the screening age group (50-74 years old), you will be on an automatic recall through the Colon Screening Program

# Prevention

Healthy lifestyle choices can help you reduce the risk of developing colorectal cancer. Here are a few tips:

- Eating red and processed meats in moderation; consume a diet high in fruits, vegetables, and whole grains
- Exercise regularly



# Prevention

- Limit alcohol
- Don't smoke
- Maintain a healthy weight
- Get screened!



# Thank You

- Please stay and get your blood pressure done before leaving
- Make sure you have your appointment details/colonoscopy pamphlet before you leave
- If you have seen your doctor for medication instructions, please speak with the patient coordinator before you leave

